



**TENNESSEE HUMAN RIGHTS COMMISSION
CENTRAL OFFICE**

ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY, SUITE 100
NASHVILLE, TENNESSEE 37243-1219
(615) 741-5825 FAX (615) 253-1886
www.tn.gov/humanrights

**FILING AN EMPLOYMENT DISCRIMINATION COMPLAINT
WITH THE TENNESSEE HUMAN RIGHTS COMMISSION (THRC)**

The Tennessee Human Rights Commission is an independent state agency which investigates allegations of discrimination in employment, places of public accommodations, and housing. If you feel that you have been discriminated against in an employment situation because of your race, color, gender, age (over 40), disability, national origin, creed or religion, then you may file an employment complaint of discrimination. If the complaint is jurisdictional, then THRC will investigate the matter. Complaints of discrimination must be filed with the Commission within 180 days of the alleged discriminatory act.

Please note that a delay could occur in the investigation of your charge if the complaint is not filled out properly. To assist the Tennessee Human Rights Commission with providing efficient service to you, please make sure that you do all of the following:

- Clearly print your answers;
- Answer all questions that apply to your allegations;
- Sign and date the complaint form; and
- Keep the Commission apprised of any changes in your address or contact numbers.

A copy of this complaint, and any documents which you attach to it, will be forwarded to the company (employer) whom you allege discriminated against you. The employer will be given an opportunity to respond to your allegations, and a THRC investigator will be assigned to investigate your complaint.

Disclaimer

Title VI of the Civil Rights Act of 1964 (42 United States Code § 2000d) and Tennessee Code Annotated § 4-21-904 provide that any entity receiving Federal financial assistance may not discriminate against their program beneficiaries or participants based on their race, color, or national origin. The Tennessee Human Rights Commission does not discriminate against any person based on race, color, national origin, gender, religion, disability, age, creed, familial status, or on any other basis legally prohibited by or protected by Federal or State law. Parties who wish to file a complaint against the Tennessee Human Rights Commission for violation of Title VI of the Civil Rights Act of 1964 under 42 U.S.C. § 2000d or under T.C.A. § 4-21-904 should direct such complaints to either the Tennessee Title VI Compliance Commission, the United States Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity, or the United States Equal Employment Opportunity Commission.



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EMPLOYMENT DISCRIMINATION COMPLAINT

THRC# _____

EEOC# _____

(DEPARTMENT USE ONLY)

1. COMPLAINANT CONTACT INFORMATION. Provide your name and address.

NAME

ADDRESS

TELEPHONE ()

CELL ()

APT No.

CITY

DATE OF BIRTH

COUNTY

STATE

ZIP

Provide the contact information of someone who can assist us in contacting you should we have difficulty in reaching you.

NAME

ADDRESS

TELEPHONE ()

CELL ()

CITY

STATE

ZIP

RESPONDENT CONTACT INFORMATION

Provide the name and address of company, employer, employment agency, labor union or joint apprenticeship that you believe discriminated against you:

NAME OF BUSINESS

ADDRESS

CITY

COUNTY

STATE

ZIP

TYPE OF BUSINESS

TELEPHONE ()

OF EMPLOYEES

NAME OF IMMEDIATE SUPERVISOR

NAME OF PERSONNEL DIRECTOR OR HUMAN RESOURCE

2. BASIS OF DISCRIMINATION

Why do you believe you were discriminated against? ***Please mark below only the categories which apply, and be sure to specify the categories which you marked.***

☐ RACE: _____

☐ SEX/GENDER: ☐ MALE ☐ FEMALE

☐ COLOR: _____

☐ RELIGION: _____

☐ NATIONAL ORIGIN: _____

☐ CREED: _____

☐ AGE (OVER 40): _____

☐ DISABILITY: _____

3. EMPLOYMENT HISTORY

EMPLOYMENT BEGAN ON:

EMPLOYMENT ENDED ON:

PAY RATE/SALARY:

JOB TITLE AT THE TIME OF HIRE:

CURRENT JOB TITLE OR TITLE AT THE TIME OF TERMINATION:

4. BACKGROUND ON THE ALLEGED DISCRIMINATION

Which of following employment action(s) were taken against you? (**Check only those that apply.**)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> DISCHARGED | <input type="checkbox"/> TRANSFERRED | <input type="checkbox"/> DENIED BENEFITS (LEAVE, INSURANCE, ETC.) |
| <input type="checkbox"/> LAID OFF | <input type="checkbox"/> DEMOTED | <input type="checkbox"/> DENIED PAY RAISE |
| <input type="checkbox"/> SUSPENDED | <input type="checkbox"/> FAILURE TO HIRE | <input type="checkbox"/> DENIED RELIGIOUS ACCOMMODATION |
| <input type="checkbox"/> HARASSED | <input type="checkbox"/> FAILURE TO PROMOTE | <input type="checkbox"/> RETALIATED AGAINST |
| <input type="checkbox"/> INTIMIDATED | <input type="checkbox"/> FAILURE TO RECALL | <input type="checkbox"/> OTHER _____ |

Describe the circumstances that led to the discrimination which you allege to have suffered or continued to suffer. Give dates, when applicable. (If the practice is ongoing, state that it is ongoing) **Also, describe how others of a different race, sex, age, color, etc. were treated differently than you. Use additional paper if needed.**

DATE(S) OF THE ALLEGED DISCRIMINATORY ACT BY YOUR EMPLOYER/ORGANIZATION:

Beginning date of the alleged discriminatory act? _____

Most recent date of the alleged discriminatory act? _____

WHAT REASON DID YOUR EMPLOYER/UNION GIVE FOR THE ACTION(S) TAKEN AGAINST YOU: (If you have documentation, attach a copy.)

5. ASSISTANCE FROM OTHERS

Have you sought assistance about this complaint from any other agency, union, attorney, or other source?

☐ YES

From whom did you seek assistance? _____

Date(s): _____

What were the results, if any? _____

Have you filed a complaint with the EEOC regarding this complaint?

☐ YES (**If you have a copy of your EEOC Charge, please attach it to this complaint.**)

Provide the EEOC Charge Number: _____

☐ No, I have not sought assistance from any other agency about this complaint.

How did you learn about the Tennessee Human Rights Commission?

☐ Radio ☐ Television ☐ Friend ☐ Other, specify _____

IMPORTANT LEGAL NOTICE

You, as the Complainant, have the right to hire an attorney and file a private lawsuit in the state court system, either Chancery or Circuit, at any time during the investigation of this complaint. If you choose this option, you must file suit within one (1) year from the date of the alleged act of discrimination and prior to any determination being made by the Tennessee Human Rights Commission (THRC). Unlike federal law, state law does not toll the statute of limitations on your claim while your charge is being investigated and/or mediated by this or any other agency, including unions, guilds, or any other collective bargaining group. You are not required to file a Complaint with the THRC, nor do you need the THRC's permission before you can file suit in state court. However, if you file a lawsuit in state court, then pursuant to state law, THRC will administratively close its investigation of your complaint. If you choose not to file a private lawsuit, and this agency makes a determination that there is no reasonable cause to believe the Respondent has engaged in a discriminatory practice, then you may not file a private lawsuit, but you may file a private action in state court appealing this agency's determination within thirty (30) days of receipt of the Notice of Determination, which is the THRC's official position in this matter. If a federal law is involved, this agency will send the Equal Employment Opportunity Commission (EEOC) a copy of our Notice of Determination. The EEOC will then mail the parties a Notice of Closure of this case and/or a Right to Sue in federal court. A lawsuit must be filed in federal court within ninety (90) days of receipt of the EEOC Notice of Closure/Right to Sue.

By signing this complaint form, you are acknowledging that you have read and understand your legal rights as set forth above.

You have the option of signing the declaration below OR signing the complaint before a notary, either of which must be done before filing the complaint.

Declaration: I declare under penalty of perjury that the foregoing is true and correct.

Complainant Signature

Date

Complainant Signature

Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My commission expires: _____.

Please list any fellow co-workers, supervisors, or anyone else that may have information to support or clarify your complaint. Make sure you have a complete address and phone number, including an area code.

1. Name _____
First Last
Address _____ Apt # _____ City _____ State _____ Zip _____
Phone Number () _____

2. Name _____
First Last
Address _____ Apt # _____ City _____ State _____ Zip _____
Phone Number () _____

3. Name _____
First Last
Address _____ Apt # _____ City _____ State _____ Zip _____
Phone Number () _____

4. Name _____
First Last
Address _____ Apt # _____ City _____ State _____ Zip _____
Phone Number () _____

5. Name _____
First Last
Address _____ Apt # _____ City _____ State _____ Zip _____
Phone Number () _____

6. Name _____
First Last
Address _____ Apt # _____ City _____ State _____ Zip _____
Phone Number () _____

7. Name _____
First Last
Address _____ Apt # _____ City _____ State _____ Zip _____
Phone Number () _____